



OCCUPATIONAL LICENSING BRANCH



## CERTIFICATION OF COMPLIANCE CALIFORNIA LABOR CODE 3700

NAME OF SCHOOL		LICENSE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
OWNER		OPERATOR	

I certify that I am familiar with California Labor Code, Section 3700, which states in part:

Every employer except the state shall secure the payment of (worker's) compensation in one or more of the following ways.

(a) By being insured against liability to pay compensation in one or more insurers duly authorized to write compensation insurance in this state.

(b) By securing from the Director of Industrial Relations a certificate of consent to self-insure either as an individual employer, or as one employer in a group of employers, which may be given upon furnishing proof satisfactory to the Director of Industrial Relations of ability to self-insure and to pay any compensation that may become due to his or her employees.

School owner is to mark the appropriate box.

- ☐ I employ one or more instructors or other employees and I certify that I am in compliance with Section 3700 of the California Labor Code.
- ☐ I do not employ any instructors or employees that would require compliance with Section 3700 of the California Labor Code.
- ☐ I am the sole employee of my firm and do not employ any instructors or employees that would require compliance with Section 3700 of the California Labor Code.

***I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.***

SIGNATURE OF DRIVING SCHOOL OWNER	DATE
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